This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED	PROJECT NAME		PROJECT ID
CLARK, ROBERT L.	CLARK 1 / EMERYIDE		S150053
DUE DATE ANNUAL FEE AMOUNT DUE	FEE NOT ENCLOSED	Change of Addr	ess
	Request inspection to close permit (site/bond	Contact	
	release application attached).	Address	
S SE SEDIVISION OF OIL GAS AND MIN	ING		
- SAFOA WEST NODTH TEMPLE OF		E-Mail Address	
*DO DOV 445004	311L 1210	State Zip	0
SALT LAKE CITY UT 84114-5801		Phone	
No.		Please make Division of Oil. G	check payable to: